

## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	20369Y	
First Named Inventor	Zhao, et al.	
C	OMPLETE IF KNOWN	
Application Number		
Filing Date	December 22, 1999	
Group Art Unit		
Examiner Name		

As a below named inventor, I hereby declare that:										
My residence, post office address, and citizenship are as stated below next to my name.										
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
IMPROVED RECOMBINANT HEPATITIS B SURFACE ANTIGEN										
(Title of the Invention)										
the specification of which										
is attached hereto OR				•	+1,					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International										
Application Number	Application Number and was amended on (MM/DD/YYYY) (if applicable).									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
I acknowledge the duty to disclose to the Patent and Trademark Office all information known to me to be material to patentability as defined in 37 CFR 1.56.										
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.										
Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Attorney Docket Nu	Priority Claimed?  Mber YES NO					
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under	35 U.S.C. 119(e) of an	y United Stat		ted below.						
Application Num		Filing Date (MM/DD/YYYY)	Attorney Docket Number							
50/113,400		12/23/19	98	20369PV						
<u> </u>										
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# DECLARATION AND POWER OF ATTORNEY for Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information known to me to be material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.														
บ	.S. Parent Application		_			Parent Filing Date						Patent Number		
	Application Nu	mber				(MM/DD/YYYY)				(if applicable)				
Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.														
As a named inventor, I hereby appoint, respectively and individually, as my attorneys or agents with full power of substitution and revocation, the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:  Customer Number  OR  Registered practitioner(s) name/registration number listed below														
.,	Name	registered pro-	Regist		Name					Registratio Number				
Michael D. Yabl		40,4			Ja	ack L.	Trib					32,633		
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			-						-				-	
Direct all corr	respondence to: X	Customer 1	Number	or Bar Co	ode La	abel		0002	210				· · · · · · · · · · · · · · · · · · ·	
Name !	Michael D. Yablon	Aichael D. Yablonsky												
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Country [	USA	Telephone (7					32)594-4678 Fax					(732)594-4720		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.														
Name of Sole or First Inventor:  A petition has been filed for this unsigned inventor														
Given Name (first and middle [if any]) Family Name or Surname														
Qinjian					Z	hao								
Inventor's Signature						Date			Date					
Residence: City	Ambler State PA Cour						try	ry US Citize			tizenship	CN		
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City	Rahway					State		NJ	ZII		0706	5-0907		
Additional inventors are being named on the2_ supplemental Additional Inventors(s) sheet(s) PTO/SB/02A attached hereto.														

### **DECLARATION AND POWER OF ATTORNEY**

### **ADDITIONAL INVENTOR(S)** Supplemental Sheet

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Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor					l inventor		
Given Name (first and middle [if any					T	Family				nily Na	Name or Surname		
Robert						Sitrin							
inventor's Signature				Date				Date		·			
Residence: City	Lafe	eyette Hills	State PA			Country		US			Citizenship	us	
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Name of Addition	nal Jo	oint Inventor, if any:				A petition has been filed for this unsigned inventor							
Give	n Na	me (first and middle [if	any])			Family Name or Surname						ne	
Dicky G.						braha	m						
nventor's Signature									]	Date			
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Post Office Address		Merck & Co., Inc., P.O.						···					
City		Rahway				tate NJ ZIP			IP	07065-0907			
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor							
Given Name (first and middle [if ar				any]) Family Name or Surname								ne	
David P.					<u> </u>	Gervais	·				•		
nventor's Signature				I				Date					
Residence: City	Harl	leysville	State	PA		Country US				Citizenship	US		
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City Rahway				Sta	State NJ		ZIP		P	07065-0907			
Name of Additional Joint Inventor, if any:							A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])						Family Name or Surname							
uan							Gimenez						
nventor's Signature							-			Date			
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City		Rahway	S			tate NJ		ZI	IP	07065-0907			